



2821

## TRANSMITTAL FORM

	Application Number	09/941,183	
	Filing Date	8-27-01	
	First Named Inventor	BIT-BABIK, GEORGI	
	Group Art Unit	2821	
	Examiner Name	Chen, Shih Chao	
Total Number of Pages in this Submission		Attorney Docket No.	CM03482J

### ENCLOSURES

(check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers<br>(for an Application)                             | <input type="checkbox"/> After Allowance<br>Communication to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                             | <input type="checkbox"/> Licensing-Related papers  | <input type="checkbox"/> Appeal Communication to Group<br>{Appeal Notice, Brief, Reply Brief} |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/Declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                   | <input type="checkbox"/> Status Letter with appropriate copies                                |
| <input type="checkbox"/> Extension of time Request                              | <input type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence<br>Address | <input type="checkbox"/> Other Enclosure(s) (please identify below)                           |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Response to Restriction Requirement                                  |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund  | <input type="checkbox"/> Associate Power of Attorney  |
| <input type="checkbox"/> Certified Copy of Priority Documents                   | <input type="checkbox"/> CD, Number of CDs   | <input type="checkbox"/> RCE  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   | Remarks  |   |
| <input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 |  |   |

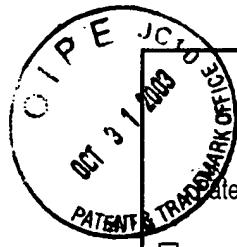
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	10/29/03		

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:

Typed or printed name	Betsy E. Irizarry	Date	10/29/03
Signature			



# **FEE TRANSMITTAL for FY 2003**

ent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

For more information about the study, please contact Dr. Michael J. Hwang at (319) 356-4300 or via email at [mhwang@uiowa.edu](mailto:mhwang@uiowa.edu).

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None

Deposit Account

**Deposit Account Number**

**50-2117**  
**Motorola, Inc.**

**The Commissioner is hereby authorized to:** (check all that apply)

Charge fee(s) indicated below       Credit any overpayment

Charge any additional fee(s) during the pendency of this application,  
except for issue fee

Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

**Complete if Known**

Application No. 09/941,183

**Filing Date** 8-27-01

First Named Inventor      BIT-BABIK, GEORGI

Examiner Name Chen, Shih Chao

## Group Art Unit

**Attorney Docket**

apply)

## **FEE CALCULATION (continued)**

*\*\*or number previously paid, if greater. For Reissues, see above*

\*Reduced by Basic Filing Fee Pd

**SUBTOTAL (3)**

SUBMITTED BY		Complete (if applicable)	
Name (Print)	Barbara R. Doutre	Registration No. (Attorney/Agent)	39,505
Signature		Telephone:	(954) 723-6449
		Date	10/29/03